



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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| Application Number | 10/550,846 |
| Filing Date | April 17, 2007 |
| First Named Inventor | Calvez |
| Group Art Unit | 2828 |
| Examiner Name | Delma Rosa Forde |
| Total Number of Pages in This Submission | 23 |
| Attorney Docket Number | D-3213 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------|----------------------------------|
| Firm Name | Stout, Uxa, Buyan & Mullins, LLP |
| Signature | |
| Printed Name | Frank J. Uxa |
| Date | 2/27/09 |
| Reg. No. | 25,612 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 571-273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Mail Stop AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|--------------|
| Signature | |
| Typed or printed name | Janet McGhee |
| Date | 2/27/09 |

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| Fees Pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818). | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FEE TRANSMITTAL For FY 2009 <small>Patent fees are subject to annual revision.</small> | | Application Number | 10/550,846 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | April 17, 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Calvez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Delma Rosa Forde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | 2828 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | D-3213 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 245.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>Frank J. Uxa</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>330</td><td>165</td><td>540</td><td>270</td><td>220</td><td>110</td><td></td></tr><tr><td>Design</td><td>220</td><td>110</td><td>100</td><td>50</td><td>140</td><td>70</td><td></td></tr><tr><td>Plant</td><td>220</td><td>110</td><td>330</td><td>165</td><td>170</td><td>85</td><td></td></tr><tr><td>Reissue</td><td>330</td><td>165</td><td>510</td><td>270</td><td>650</td><td>325</td><td></td></tr><tr><td>Provisional</td><td>220</td><td>110</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr><tr><td colspan="7">Subtotal (1)</td><td>0</td></tr></tbody></table> | | | | | | | | Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Utility | 330 | 165 | 540 | 270 | 220 | 110 | | Design | 220 | 110 | 100 | 50 | 140 | 70 | | Plant | 220 | 110 | 330 | 165 | 170 | 85 | | Reissue | 330 | 165 | 510 | 270 | 650 | 325 | | Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | Subtotal (1) | | | | | | | 0 |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 330 | 165 | 510 | 270 | 650 | 325 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td><td>52</td><td>26</td></tr><tr><td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td><td>220</td><td>110</td></tr><tr><td>Multiple Dependent Claims</td><td>390</td><td>195</td></tr><tr><td>Total Claims</td><td></td><td></td></tr><tr><td colspan="3">-20 or HP = _____ x _____</td></tr><tr><td colspan="3">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><td>Indep. Claims</td><td></td><td></td></tr><tr><td colspan="3">-3 or HP = _____ x _____</td></tr><tr><td colspan="3">HP = highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="2">Subtotal (2)</td><td>0</td></tr></tbody></table> | | | | | | | | Fee Description | Fee (\$) | Small Entity Fee (\$) | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 52 | 26 | Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 220 | 110 | Multiple Dependent Claims | 390 | 195 | Total Claims | | | -20 or HP = _____ x _____ | | | HP = highest number of total claims paid for, if greater than 20 | | | Indep. Claims | | | -3 or HP = _____ x _____ | | | HP = highest number of independent claims paid for, if greater than 3 | | | Subtotal (2) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 52 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 220 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | 390 | 195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -20 or HP = _____ x _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -3 or HP = _____ x _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><thead><tr><th>Total Sheets</th><th>Extra Sheets</th><th>Number of each additional 50 or fraction thereof</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td colspan="5">-100 = _____ /50= _____ (round up to a whole number) x _____ = _____</td></tr><tr><td colspan="4">Subtotal (3)</td><td>0</td></tr></tbody></table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | -100 = _____ /50= _____ (round up to a whole number) x _____ = _____ | | | | | Subtotal (3) | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -100 = _____ /50= _____ (round up to a whole number) x _____ = _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tbody><tr><td><input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> 1-month extension of time: \$130 fee (\$65 small entity discount)</td><td></td></tr><tr><td><input checked="" type="checkbox"/> 2-month extension of time: \$490 fee (\$245 small entity discount)</td><td>245</td></tr><tr><td><input type="checkbox"/> 3-month extension of time: \$1110 fee (\$555 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> 4-month extension of time: \$1730 fee (\$865 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> 5-month extension of time: \$2350 fee (\$1175 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Notice of Appeal: \$540 fee (\$270 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Request for Oral Hearing: \$1080 fee (\$540 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Utility Issue Fee: \$1510 fee (\$755 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)</td><td></td></tr><tr><td><input type="checkbox"/> Request for Continued Examination: \$810 fee (\$405 small entity discount)</td><td></td></tr><tr><td><input type="checkbox"/> Other: _____</td><td></td></tr><tr><td colspan="2">Subtotal (4)</td><td>245</td></tr></tbody></table> | | | | | | | | <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) | | <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) | | <input type="checkbox"/> 1-month extension of time: \$130 fee (\$65 small entity discount) | | <input checked="" type="checkbox"/> 2-month extension of time: \$490 fee (\$245 small entity discount) | 245 | <input type="checkbox"/> 3-month extension of time: \$1110 fee (\$555 small entity discount) | | <input type="checkbox"/> 4-month extension of time: \$1730 fee (\$865 small entity discount) | | <input type="checkbox"/> 5-month extension of time: \$2350 fee (\$1175 small entity discount) | | <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) | | <input type="checkbox"/> Notice of Appeal: \$540 fee (\$270 small entity discount) | | <input type="checkbox"/> Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount) | | <input type="checkbox"/> Request for Oral Hearing: \$1080 fee (\$540 small entity discount) | | <input type="checkbox"/> Utility Issue Fee: \$1510 fee (\$755 small entity discount) | | <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) | | <input type="checkbox"/> Request for Continued Examination: \$810 fee (\$405 small entity discount) | | <input type="checkbox"/> Other: _____ | | Subtotal (4) | | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1-month extension of time: \$130 fee (\$65 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2-month extension of time: \$490 fee (\$245 small entity discount) | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3-month extension of time: \$1110 fee (\$555 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4-month extension of time: \$1730 fee (\$865 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Notice of Appeal: \$540 fee (\$270 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Filing a Brief in Support of Appeal: \$540 fee (\$270 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Request for Oral Hearing: \$1080 fee (\$540 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utility Issue Fee: \$1510 fee (\$755 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Request for Continued Examination: \$810 fee (\$405 small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (4) | | 245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Frank J. Uxa | Registration No. (Attorney/Agent) | 25,612 | Telephone | 949-450-1750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | Date | 2/27/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |